

Program A: Office of Management and Finance**OBJECTIVES AND PERFORMANCE INDICATORS**

Unless otherwise indicated, all objectives are to be accomplished during or by the end of FY 2002-2003. Performance indicators are made up of two parts: name and value. The indicator name describes what is being measured. The indicator value is the numeric value or level achieved within a given measurement period. For budgeting purposes, performance indicators are shown for the prior fiscal year, the current fiscal year, and alternative funding scenarios (continuation budget level and Executive Budget recommendation level) for the ensuing fiscal year of the budget document.

The objectives and performance indicators that appear below are associated with program funding in both the Base Executive Budget and the Governor's Supplementary Recommendations for FY 2002-2003. The Supplemental portion of the Governor's recommended Executive Budget for this agency's budget is 10.1%. However, the Objectives and Performance Indicators for this agency are based on the total amount of the Governor's Supplementary Recommendations and the Base Executive Budget. Specific information on program funding is presented in the financial section.

DEPARTMENT ID: 09 Department of Health and Hospitals
 AGENCY ID: 09-307 Office of the Secretary
 PROGRAM ID: Program A - Office of Management and Finance

1. (Key) To provide the direction, management and support necessary to assure that at least 60% of the performance indicators for the Office of the Secretary (OS) meet or exceed their targeted standards.

Strategic Link: This objective implements Goal 1, Objective 1 in the current DHH Strategic which is identical in language to this objective.

Louisiana: Vision 2020 Link: This objective is linked to Vision 2020 Goal 1, Objective 8: To improve the efficiency and accountability of governmental agencies, and to Goal 3, Objective 4: To have a safe and healthy environment for all people.

Children's Cabinet Link: Not applicable

Other Link(s): Not applicable

Explanatory Note: Organizationally, the Office of the Secretary oversees the administration of the entire Department of Health and Hospitals. However, for this objective, only those performance indicators related to activities within the 09-307 (Programs A & B) are considered in the calculation of percentage indicator meeting or exceeding standards.

L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 2000-2001	ACTUAL YEAREND PERFORMANCE FY 2000-2001	ACT 12 PERFORMANCE STANDARD FY 2001-2002	EXISTING PERFORMANCE STANDARD FY 2001-2002	AT CONTINUATION BUDGET LEVEL FY 2002-2003	AT RECOMMENDED BUDGET LEVEL FY 2002-2003
K	Percentage of OS indicators meeting or exceeding targeted standards.	70% ¹	60% ¹	70% ²	70% ²	70% ³	60%

¹ In FY 2000-2001 the percentage of indicators was based on those indicators included under Program A: Office of Management and Finance.

² Beginning in FY 2001-2002, the percentage indicators will be based on all indicators in 09-307, including both Program A and Program B.

³ The standard used in previous fiscal years is retained.

DEPARTMENT ID: 09 Department of Health and Hospitals
 AGENCY ID: 09-307 Office of the Secretary
 PROGRAM ID: Program A - Office of Management and Finance

GENERAL PERFORMANCE INFORMATION:					
PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES				
	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00	PRIOR YEAR ACTUAL FY 2000-01
Percentage of OS indicators meeting or exceeding targeted standards	Not available ¹	Not available ¹	75% ²	50% ²	60% ²

¹ This indicator did not exist during this period and prior year data was not collected.

² In these fiscal years, only those indicators in Program A: Office of Management and Finance were counted. Beginning in FY 2001-2002, the count will include all indicators in the Office of the Secretary.

DEPARTMENT ID: 09 - Department of Health and Hospitals
 AGENCY ID: 09-307 Office of the Secretary
 PROGRAM ID: PROGRAM A - Office of Management and Finance

2. (Key) Through the Bureau of Appeals, to process 96% of Medicaid appeals within 90 days of the date the appeal is filed.

Strategic Link: This is linked to the DHH Strategic Plan at 09-307, A, Objective 1.2: Through the Bureau of Appeals to process 95% of Medicaid appeals within 90 days of the date the appeal is filed.

Louisiana: Vision 2020 Link: Goal 1, Objective 1.8: To improve the efficiency and accountability of governmental agencies, and Goal 3.4: To have a safe and healthy environment for all citizens.

Children's Cabinet Link: Not applicable

Other Link(s): Not applicable

Explanatory Note: The Bureau of Appeals is federally mandated (42 CFR 431.200 et seq.) and court-ordered under the Blanchard v. Forrest decision to process certain appeals within 90 days from date of filing. Anticipated increases in the number of similar appeals for FY 2002-2003 are significant primarily due to impact of the drug formulary program being developed by the Department at the this time.

L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 2000-2001	ACTUAL YEAREND PERFORMANCE FY 2000-2001	ACT 12 PERFORMANCE STANDARD FY 2001-2002	EXISTING PERFORMANCE STANDARD FY 2001-2002	AT CONTINUATION BUDGET LEVEL FY 2002-2003	AT RECOMMENDED BUDGET LEVEL FY 2002-2003
S	Number of Medicaid appeals processed	2,800 ¹	2,655 ¹	2,800 ¹	2,800 ¹	6,690 ^{1,3,4}	2,800 ⁵
S	Number of Medicaid appeals processed within 90 days of the date that the appeal is filed	2,632 ²	2,607 ²	2,632 ²	2,632 ²	6,289 ^{2,3,4}	2,706 ⁵
K	Percentage of Medicaid appeals processed within 90 days of the date that the appeal is filed	94% ²	98% ²	94% ²	94% ²	94% ^{1,2,4}	96% ⁵

¹ Through FY2001-02, for the purpose of this document, a "Medicaid appeal" was defined as a "Blanchard" appeal, which refers to specific court-related activities representing almost all Medicaid applicant/recipient "individual" appeals. Effective with FY 2002-03, and as related to internal objectives, all Medicaid appeals for individual Medicaid applicants/recipients are defined as Medicaid appeals for this document. The Bureau of Appeals is adding these appeals, which are not subject to the court order, for internal efficiency. The Performance Standard is not significantly affected by this inclusion.

² 90 days processing time is the standard set in the Code of Federal Regulations as set forth in a Consent Judgment issued by the Federal Courts. Additional time is granted in cases in which the appellant requests it, or in certain other situations as specified. This Performance Goal therefore includes cases that will exceed the 90 day goal due to circumstances beyond the control of the agency.

³ This includes 3890 Medicaid appeals additional workload. At the time of this writing, an increase (3600 annually) in the number of Medicaid appeals is expected as a result of the anticipated impact of the drug formulary program. This estimate was the best estimate available, and was derived by the Medicaid Program staff as a result of a review of the programmatic changes (in progress at present), in conjunction with surveys of states with drug formulary programs comparable to that envisioned at this time. Medicaid also expects to receive 40 additional appeals as a result of an increase in the number of waiver slots, and 250 from the expansion of the Community CARE Program. This estimate may vary significantly, depending on the final structure of the drug formulary program, but is the best estimate available at this time.

⁴ These figures are related to a Continuation Budget Request adding \$459,130 and 10 classified civil servants to this activity for the purpose of addressing the projected increase in appeals in a timely manner. (DHH explored the possibility of contracting for these services, but the price tag was estimated at \$1,591,200.) Should no additional funds/staff become available, existing appeals staff could expect to process no more than 42% of the Continuation Budget Level, timely. Repercussions include contempt of court charges and/or fines against the Department and/or Secretary.

⁵ With existing staff it is estimated that 2,800 of the possible 6,690 appeals will be processed within the fiscal year. Of these, 2,706 would be processed timely.

DEPARTMENT ID: 09 Department of Health and Hospitals
 AGENCY ID: 09-307 Office of the Secretary
 PROGRAM ID: Program A: Office of Management and Finance

GENERAL PERFORMANCE INFORMATION:					
PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES				
	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00	PRIOR YEAR ACTUAL FY 2000-01
Number of appeals received	Not available ¹	3,482 ²	3,256 ²	2,867 ²	2,726
Number of appeals pending ³	Not available ¹	288	397	256	335

¹ Data was not collected in this period.

² Note that the number of appeals processed in a given time may exceed the number received due to processing of old, pending appeals, plus the new appeals received.

³ Pending means appeals received but not processed to completion. In prior fiscal years this number has been relatively low and related to lag times in crossing fiscal years. (The cases were processed in the next fiscal year.) It is anticipated that this number will increase dramatically in the coming fiscal year if the increase in appeals to 6,690 materializes.

DEPARTMENT ID: 09 Department of Health and Hospitals
 AGENCY ID: 09-307 Office of the Secretary
 PROGRAM ID: Program A - Office of Management and Finance

3. (Supporting) Through the Bureau of Legal Services, to provide legal services to the various offices and programs as needed, litigating at least 88% of cases successfully.

Strategic Link: This objective implements Goal 1, Objective 3 of the DHH Strategic Plan. The corresponding strategic objective is identical in language to this objective.

Louisiana: Vision 2020 Link: Goal 3: To have a standard of living among the top ten states in America and safe, healthy communities where rich natural and cultural assets continue to make Louisiana a unique place to live, work, visit and do business.

Children's Cabinet Link: Not Applicable

Other Link(s): Not Applicable

L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 2000-2001	ACTUAL YEAREND PERFORMANCE FY 2000-2001	ACT 12 PERFORMANCE STANDARD FY 2001-2002	EXISTING PERFORMANCE STANDARD FY 2001-2002	AT CONTINUATION BUDGET LEVEL FY 2002-2003	AT RECOMMENDED BUDGET LEVEL FY 2002-2003
S	Percentage of cases litigated successfully	85%	94.2% ¹	85%	85%	88% ²	88%

¹ The amount of 88.5% was entered in LaPAS, but is incorrect. It represents the percent of cases litigated successfully in the last quarter of FY 2001 only. The cumulative figure for the full year (which should have been reported) is 94.2%.

² The continuation level value of 88% was selected as it is the mid-point between actual performance in FY 00-01, 94.2%, and anticipated performance in FY 02, 85%. Note that a workload adjustment for 5 T.O. at \$215,790 has been submitted related to case load reduction. This adjustment is related to the case mix rather than the total number of cases: a greater proportion of time is needed to address the increasing number federal cases under litigation.

DEPARTMENT ID: 09 Department of Health and Hospitals
 AGENCY ID: 09-307 Office of the Secretary
 PROGRAM ID: Program A: Office of Management and Finance

GENERAL PERFORMANCE INFORMATION:					
	PERFORMANCE INDICATOR VALUES				
PERFORMANCE INDICATOR NAME	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00	PRIOR YEAR ACTUAL FY 2000-01
Number of cases litigated	Not Available ¹	Not Available ¹	686	331	589
Percentage of cases litigated successfully	Not Available ¹	Not Available ¹	89%	96%	94.2% ²
Amount recovered	Not Available ¹	Not Available ¹	\$6,387,562	7,587,173	5,313,670

¹ This performance indicator did not exist until FY 1998-1999 and prior year data is not available.

² The amount of 88.5% was entered in LaPAS, but is incorrect. It represents the percent of cases litigated successfully in the last quarter of FY 2001 only. The cumulative figure for the full year (which should have been reported) is 94.2%.

DEPARTMENT ID: 09 Department of Health and Hospitals
 AGENCY ID: 09-307 Office of the Secretary
 PROGRAM ID: Program A - Office of Management and Finance

4. (Key) Through the Bureau of Protective Services, to complete investigations of assigned reports of abuse, neglect, exploitation or extortion for disabled adults aged 18 through 59 in accordance with policy and make appropriate referrals for intervention to remedy substantiated cases, and follow-up to ensure cases are stabilized.

Strategic Link: This objective implements Goal 1, Objective 4 of the DHH Strategic Plan. The corresponding strategic objective is identical in language to this objective.

Louisiana: Vision 2020 Link: Goal 3: To have a standard of living among the top ten states in America and safe, healthy communities where rich natural and cultural assets continue to make Louisiana a unique place to live, work, visit and do business. Goal 1.8 To improve the efficiency and accountability of governmental agencies.

Children's Cabinet Link: Not Applicable

Other Link(s): Not Applicable

L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 2000-2001	ACTUAL YEAREND PERFORMANCE FY 2000-2001	ACT 12 PERFORMANCE STANDARD FY 2001-2002	EXISTING PERFORMANCE STANDARD FY 2001-2002	AT CONTINUATION BUDGET LEVEL FY 2002-2003	AT RECOMMENDED BUDGET LEVEL FY 2002-2003
S	Number of investigations completed ¹	800	1,107	800	800	1,000 ^{2,3}	1,000
K	Percentage of investigations completed within established timelines	50%	61% ³	60%	60%	60% ^{2,3}	60%
K	Average number of days to complete investigations	50	31 ⁴	50	50	40 ⁵	40
K	Number of clients served	875	1,009	875	875	950 ⁵	950

¹ The indicator represents staff effort, but is largely dependent upon the volume of reports of abuse, neglect, exploitation or extortion received, a factor which is not under the control of the agency. Because it is unacceptable to allow a case of abuse, etc., to go without investigation, efficient use of staff resources is essential.

² This proposed standard was selected based on actual performance in FY 2000-01.

³ Note that a workload adjustment has been submitted related to this indicator: 3 T.O. at \$124,830 are requested to address the increased number of reported cases of abuse, etc. and to do so in a timely manner.

⁴ A new data collection system and data entry policies were instituted resulting in a virtual elimination of lag time in reporting data for these indicators. Actual performance is higher as a result of these efficiencies in reporting, that is, all completed investigations are now reported in the period in which they occur.

⁵ Estimated performance at the continuation level is based on actual performance in FY 2000-01 and the current year estimate.

DEPARTMENT ID: 09 Department of Health and Hospitals
 AGENCY ID: 09-307 Office of the Secretary
 PROGRAM ID: Program A: Office of Management and Finance

GENERAL PERFORMANCE INFORMATION:					
	PERFORMANCE INDICATOR VALUES				
PERFORMANCE INDICATOR NAME	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00	PRIOR YEAR ACTUAL FY 2000-01
Number of cases assigned to investigations (statewide)	Not available ¹	Not available ¹	966	1,112	1,170

¹ This was not a performance indicator in FY 1996-97 or 1997-98 and data was not tracked at that time.

DEPARTMENT ID: 09 - Department of Health and Hospitals
 AGENCY ID: 09-307 Office of the Secretary
 PROGRAM ID: Program A - Office of Management and Finance

5. (Key) Through the Bureau of Community Supports and Services, to maintain the Mental Retardation/Developmentally Disabled (MR/DD) Wavier Program for an annual number of 4,651 clients and to maintain the Children's Choice Waiver Program for an annual number of 800 clients.

Strategic Link: This objective is linked to the revised DHH Strategic Plan at 09-307, A. Objective 1.5. The corresponding strategic objective is identical in language to this objective.

Louisiana: Vision 2020 Link: This objective is linked to Goal Three of Vision 20/20. Goal 3: To have a standard of living among the top ten states in America and safe, healthy communities where rich natural and cultural assets continue to make Louisiana a unique place to live, work, visit and do business.

Children's Cabinet Link: This is linked to the Children's Cabinet via the Children's Budget. In addition, expansion of the MR/DD Waiver and implementation of the Children's Choice were among the priorities of the Children's Cabinet during the 2001 Legislative Session.

Other Link(s): Healthy People 2010: Goal 6: Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population.

L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 2000-2001	ACTUAL YEAREND PERFORMANCE FY 2000-2001	ACT 12 PERFORMANCE STANDARD FY 2001-2002	EXISTING PERFORMANCE STANDARD FY 2001-2002	AT CONTINUATION BUDGET LEVEL FY 2002-2003	AT RECOMMENDED BUDGET LEVEL FY 2002-2003
	MR/DD Waiver						
K	Number of allocated MR/DD wavier slots	4,251	4,251	4,251	4,251	4,651 ¹	4,651
K	Percentage of MR/DD Waiver slots filled	91%	93%	95%	95%	93% ²	0% ¹⁹
K	Number of individuals waiting for waiver services ³	7,063	8,594 ⁴	8,594 ⁴	8,594 ⁴	8,594 ^{4,5}	12,517 ¹⁹
K	Total number served in MR/DD waiver slots	3,868	3,954	3,917	3,917	4,325 ⁶	0 ¹⁹
S	Average cost per slot	\$31,000	\$32,144 ⁷	\$37,764 ⁸	\$37,764 ⁸	\$38,118 ⁹	\$20,668 ¹⁹
S	Number of wavier participants whose services are monitored	230	224	230	230	233 ¹⁰	0 ¹⁹
S	Average length of time to fill a slot (in days)	Not applicable ¹¹	Not applicable ¹²	122	122	122 ¹³	0 ¹⁹
	Children's Choice Waiver						
K	Number of allocated Children's Choice Waiver slots ¹⁴	Not applicable ¹¹	500	500	800 ¹⁵	800 ¹⁶	800 ¹⁹
K	Percentage of Children's Choice waiver slots filled. ¹⁴	Not applicable ¹¹	125	100%	60% ¹⁷	80% ¹⁸	0% ¹⁹

¹ This represents the current number of slots, 4251, plus an additional 400 slots requested as a compulsory adjustment.

² This standard is set based on the actual percent slots filled in FY 2000-2001. It represents efforts to fill 100% of slots, but because of turnover in slots, e.g., discharges, etc. 93% is probably the maximum percentage of slots that can be filled at a point in time.

- ³ The figures provided for this performance indicator are estimates of the number of people on the waiting list who are expected to be admitted for waiver services. The total waiting list is reduced by an estimate of the number of people who cannot be located and the number who will not accept and offered slot or complete the certification process
- ⁴ This estimate is based on the following: there are 10,305 persons requesting services. Ninety-five percent (9,970) are expected to be locatable and of that 87.78% will accept a slot, complete the certification process and enter the waiver (8,594)
- ⁵ This figure is computed on an annual basis in December. The DHH will provide an updated number in January, 2002.
- ⁶ This represents 93% of the available slots.
- ⁷ This is the actual cost for waiver services only and does not include acute care costs.
- ⁸ This figure represents both waiver services costs and acute care costs. The correct figure for waiver services only is \$35,979.
- ⁹ This value is based on projected waiver service costs of \$36,878 plus an annual cost per client of \$1,240 for enhancing the MR/DD waiver per Act 1147 recommendations. Enhancements are planned to be phased in over a three-year period. Ultimately, the full annual cost for enhancements is estimated at \$5,116.
- ¹⁰ This is based on a federal requirement to monitor at least 5% of the filled waiver slots which would vary depending on the number of currently filled. The BCSS plans to monitor 5% of the available slots ($4,651 \times .05 = 233$).
- ¹¹ This performance indicator did not appear in Act 11 of 2000 and therefore has no performance standard for FY 2000-2001
- ¹² Data was not maintained on this indicator during FY 2000-2001.
- ¹³ The amount of time to fill a slot should remain constant.
- ¹⁴ House Appropriations Committee Amendment No. 113 adds language to the objective referencing Children's Choice Waiver Program. Amendment No. 114 adds two new Key performance indicators for the Children's Choice Waiver Program.
- ¹⁵ An appropriation of \$9 million provided for the annualization of existing slots and sufficient funds to add 300 for FY 02. This was done by an August 15th adjustment.
- ¹⁶ No change in the number of Children's Choice waiver slots is anticipated.
- ¹⁷ This standard was reduced from 100% to 60% by an August 15th adjustment because the number of staff available to implement the increased number of new slots remained the same. With the increase workload, the number/percentage of slots that can be filled was reduced.
- ¹⁸ This standard was increased from 60% to 80% based on the professional judgment of staff who are implementing the waiver.
- ¹⁹ The reduction of 78 positions (of a total of 112) effectively closes this unit.

DEPARTMENT ID: 09- Department of Health and Hospitals
 AGENCY ID: 09-307 Office of the Secretary
 PROGRAM ID: Program A - Office of Management and Finance

GENERAL PERFORMANCE INFORMATION:					
	PERFORMANCE INDICATOR VALUES				
PERFORMANCE INDICATOR NAME	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00	PRIOR YEAR ACTUAL FY 2000-01
MR/DD Waiver					
Percentage of MR/DD waiver slots filled	85%	98%	92%	85%	93%
Number of MR/DD waiver slots	2,411	2,411	3,451	4,251	4,251
Total served in MR/DD waiver slots	2,057	2,359	2,994	3,639	3,954
Number waiting for waiver service	Not available ¹	9,948	7,069	7,758	8,594
Average length of time to fill a slot (in days) ²	Not available ³	Not available ³	Not available ³	Not available ³	122
Children's Choice Waiver					
Number of Children's Choice waiver slots	Not applicable ⁴	Not applicable ⁴	Not applicable ⁴	Not applicable ⁴	500 ⁵
Number served in Children's Choice waiver slots	Not applicable ³	Not applicable ³	Not applicable ³	Not applicable ³	122

¹ This data was not maintained for FY1996-97.

² The waiting list for the MR/DD Waiver is used to fill Children's Choice Waiver slots, therefore, a separate waiting list for Children's Choice is not maintained. Thus, the GPI for the number of people waiting for the Children's Choice waiver was eliminated.

³ This data was not maintained until FY 2000-01.

⁴ Children's Choice Waiver was approved effective 2-21-01.

⁵ The BCSS was allocated 500 slots for Children's Choice waiver approved in February, 2001.

DEPARTMENT ID: 09 - Department of Health and Hospitals
 AGENCY ID: 09-307 Office of the Secretary
 PROGRAM ID: Program A - Office of Management and Finance

6. (Supporting) Through the Bureau of Community Supports and Services, increase individuals enrolled in nursing home waivers (Elderly and Disabled Adult, PCA and Adult Day Health Care Waivers) by at least 1,700 individuals over the next four years in accordance with the Barthelemy Settlement Agreement.

Strategic Link: This objective is related, but not directly linked, to Objective 1.5 of the DHH Strategic Plan: To maintain the MR/DD waiver program for an annual number of 4,251 clients. This objective changed a number of GPIs appearing in the FY 01-02 Operational Plan to supporting indicators at the August 15th Adjustment.

Louisiana: Vision 2020 Link: This objective is linked to Healthy People 2010 Goal 1 Improve access to comprehensive, high quality health care services.

Children's Cabinet Link: Not applicable

Other Link(s): Not applicable

L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 2000-2001	ACTUAL YEAREND PERFORMANCE FY 2000-2001	ACT 12 PERFORMANCE STANDARD FY 2001-2002	EXISTING PERFORMANCE STANDARD FY 2001-2002	AT CONTINUATION BUDGET LEVEL FY 2002-2003	AT RECOMMENDED BUDGET LEVEL FY 2002-2003
	Personal Care Attendant Services (PCA)						
S	Number of PCA wavier slots ¹	Not Applicable ²	124	Not Applicable ²	149 ³	0 ⁴	0
S	Number served in the PCA waiver ¹	Not Applicable ²	117	Not Applicable ²	141 ³	0 ⁴	0
	Adult Day Health Care (ADHC)						
S	Number of ADHC waiver slots ¹	Not Applicable ²	500	Not Applicable ²	525 ³	650 ⁵	550
S	Number served in the ADHC waiver ¹	Not Applicable ²	447	Not Applicable ²	430 ³	533 ⁶	0 ⁹
	Elderly and Disabled Adults (EDA)						
S	Number of EDA waiver slots ¹	Not Applicable ²	679	Not Applicable ²	979 ³	1,853 ⁷	979
S	Number served in the EDA waiver ¹	Not Applicable ²	473	Not Applicable ²	582 ³	1,398 ⁸	0 ⁹

¹ Previously these indicator names did not specify the type of the waiver being measured, e.g., each read "number of waiver slots" and "number served." The type of the waiver has been added to the indicator name for clarification. There is no change in calculation methodology.

² These were not performance indicators in FY 00-01, so no standards were set.

³ These performance indicators were added at the August 15 adjustment in recognition of funds added during the Appropriations process.

⁴ The Department plans to discontinue the PCA waiver and move the 149 slots to the EDA Waiver. The Barthelemy lawsuit requires DHH to request an additional 25 PCA slots in FY 2002-2003, so these 25 will be requested in the EDA Waiver.

⁵ The Barthelemy agreement requires that the Department request 25 ADHC Waiver slots in FY 2002-2003 and make reasonable efforts to obtain additional slots that may be needed. A compulsory adjustment has been submitted to add the 25 slots, plus an additional 100 slots for a total of 125 new slots. (525 + 125 = 650)

⁶ This value is based on filling 82% of the available slots, which simply carries forward the projection for FY 2001-2002. At this time, it appears that 82% may be the maximum "fill rate" because of the high rate of turnover due to the medically fragile elderly population that is served.

⁷ This increase is reflected in compulsory adjustments: 725 new slots are requested and 149 PCA slots are transferred to the EDA Waiver. The Barthelemy agreement requires that the Department request an additional 600 EDA slots in FY 2002-2003 and any additional slots that may be needed. DHH is asking for 100 additional EDA slots. As mentioned in footnote 5, above, the Department must also request 25 PCA slots and these will be requested under the EDA waiver. ($600 + 100 + 25 = 725$.) So, 725 new slots + 149 existing PCA slots + 979 existing slots = 1,853 slots.

⁸ The projected number of filled slots is calculated as follows: there are 582 slots currently filled which represents a 60% rate + 75 of 125 new slots to be filled (60% rate) + 600 new slots that must be filled at 100% + 141 filled slots of the current PCA waiver: $582 + 75 + 600 + 141 = 1,398$

⁹ The reduction of 78 positions (of a total of 112) effectively closes this unit.

FY 2002-2003 PROGRAM PERFORMANCE FORM

DEPARTMENT ID: 09- Department of Health and Hospitals

AGENCY ID: 09-307 Office of the Secretary

PROGRAM ID: Program A - Office of Management and Finance

GENERAL PERFORMANCE INFORMATION:					
	PERFORMANCE INDICATOR VALUES				
PERFORMANCE INDICATOR NAME	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00	PRIOR YEAR ACTUAL FY 2000-01
Personal Care Attendant Waiver (PCA)					
Number of PCA waiver slots	124	124	124	124	124
Number served in the PCA waiver	116	113	113	121	117
Number waiting for PCA waiver service	Not available ¹	Not available ¹	Not available ¹	641	641
Adult Day Health Care (ADHC)	¹				
Number of ADHC waiver slots	300	300	500	500	500
Number served in the ADHC waiver	330	328	393	410	447
Number waiting for ADHC waiver services	Not available ¹	Not available ¹	Not available ¹	72	72
Elderly and Disabled Waiver (EDA)					
Number of EDA waiver slots	222	314	429	629	679
Number served in the EDA waiver	245	283	366	482	473
Number waiting for EDA waiver services	Not available ¹	Not available ¹	Not available ¹	3,116	3,116

¹ Data was not maintained during these fiscal years.